

myEasyMatch: [REDACTED]

Exciting News!

You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site: www.DignityHealth.org/billpay.

SUMMARY OF SERVICES	
STATEMENT DATE:	05-25-2019
PATIENT NAME:	BRANSON, LUCY K
GUARANTOR NAME:	MICHAEL BRANSON
WID #:	[REDACTED]
TOTAL CHARGES	 \$1,732.00
INSURANCE PAYMENTS AND ADJUSTMENTS	 \$0.00
YOUR PAYMENTS AND DISCOUNTS	 \$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS	
BILLING QUESTIONS?	PLEASE CALL: (800) 644-0864
Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-6:00pm, Sat.-Sun. 8:00am-4:00pm	
AMOUNT DUE UPON RECEIPT	
\$1,732.00	
WAYS TO PAY:	
 www.DignityHealth.org/billpay	
 (800) 644-0864	
 By mail, return stub below	

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
[REDACTED]	BRANSON, L	04-27-2019	\$1,732.00	\$0.00	\$0.00	\$1,732.00

Thank you for choosing St Rose Dominican - Siena for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Proof of Insurance Requested

If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health's Financial Assistance Policy

If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

Ralleen (sp?)
6/11/19
requested
itemized bill

GUARANTOR NAME: BRANSON, LUCY K
WID NUMBER: [REDACTED] AMOUNT DUE: \$1,732.00

DUE DATE: 6/14/2019 PAYMENT ENCLOSED

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

Make check payable and remit payment to:

ST ROSE DOMINICAN - SIENA
PO BOX 57125
LOS ANGELES, CA 90074-7125

PEDIATRIX MEDICAL GROUP



Phone: 877-511-2296
 Fax: 616-954-2800
 Website: www.mymedicalme.com
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern
 Sat | 9:00am - 2:00pm Eastern

page 1 of 2

ID Number

Name

Statement Date

Statement Number

MICHAEL BRANSON

6/05/2019

1

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the following page(s) of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by PEDIATRIX MEDICAL GROUP.

Statement Summary

	Total Payoff	Min Due
Accounts on Payment Plans	(0)	\$0.00
Accounts Not on Payment Plans	(1)	\$926.98
TOTAL MIN AMOUNT DUE*		
7/04/2019		\$926.98



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online or Using our App

- www.mymedicalme.com
- App: MyMedicalMe



Pay by Mail

- Include your "ID Number" on your check
- Make checks payable to:
PEDIATRIX MEDICAL GROUP
- Include payment stub below in envelope provided



Pay by Phone

- Call toll free: 877-511-2296

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Payment Assistance:** If you are unable to pay accounts not on payment plans in full, you must contact us toll free at 877-511-2296 to establish terms of a payment plan. Minimal fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent may contact you directly if full payment or payment-plan arrangements are not made within the 30-day grace period.

DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

PEDIATRIX MEDICAL GROUP
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

ID Number

Statement Number

1

Min Amt Due	Due Date	Amt Enclosed
\$926.98	7/04/2019	

Phone: 877-511-2296
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

MAKE CHECK PAYABLE & REMIT TO:

PEDIATRIX MEDICAL GROUP
 PO BOX 88087
 CHICAGO IL 60680-1087

Accounts Not on Payment Plans:**• Account Number: [REDACTED] - charges associated with account:**

Note: This account is current and is due on 7/04/2019. A monthly \$5.00 service fee will be assessed every 30 days from the original statement date until all balances are paid in full. Fees are waived for auto-debit payment plans.

Date of Svc:	4/27/2019	Orig Balance:	844.00
Patient:	LUCY BRANSON	Pmts/Adj/Fees:	-168.80
Procedure:	30300: REMOVAL FOREIGN BODY,INT	Charge Payoff:	675.20
Location:	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEN		
Insurance 1:	UNITED HEALTHCARE - [REDACTED]		

History Detail	Date	Description	Pmts/Adj/Fees
	5/24/2019	MANAGED CARE	-168.80

Date of Svc:	4/27/2019	Orig Balance:	314.73
Patient:	LUCY BRANSON	Pmts/Adj/Fees:	-62.95
Procedure:	99282.25: E/R INITIAL CONSULT 90	Charge Payoff:	251.78
Location:	ST ROSE DOMINICAN HOSPITAL SIENA CAMPUS: MICHAEL S ZBIEGIEN		
Insurance 1:	UNITED HEALTHCARE - [REDACTED]		

History Detail	Date	Description	Pmts/Adj/Fees
	5/24/2019	MANAGED CARE	-62.95

Total Account Payoff:	926.98
Min Amt Due:	926.98
unless a payment plan is established	

* called 6/11/19

* "standard pricing" - split billing -

- in network

- adjustment to zero

- both adjusted - ^{insurance} not going to make payments

- maybe can get a discount

"they" code it - ^{Pediatrix Med. Corp} coding department goes over records and prices are set

Cardel

half (?) - w/in 20 days

463.49 due
7/1

A

ST ROSE DOMINICAN SIENA
 3001 ST ROSE PKWY
 HENDERSON, NV
 877 877-9345
 FEI # [REDACTED]

PAGE NO.
 1

TYPE OF BILL	DATE OF BILL	DATE OF PREV.BILL
CYCLE	05/01/19	
OUTP.		

H O	PATIENT NAME	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS	
	BRANSON, LUCY	F		04/27/19			

GUARANTOR NAME AND ADDRESS	MICHAEL BRANSON [REDACTED]	C.O.B	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	UNITED HEALTHCARE		[REDACTED]

ZBIEGIEN, MICHAEL

AMOUNT OF PAYMENT	\$
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DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
	DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS							
04/27	001ER BED NC 60000874							
04/27	001REM FB/SKN LE 60001096		589.00	589.00				
04/27	001ER LEVEL 2 W 60001740		1143.00	1143.00				
	BALANCE FORWARD		0.00					
	SUMMARY OF CURRENT CHARGES EMERGENCY DEPT.		1732.00	1732.00				
	SUB-TOTAL OF CURR. CHARGES		1732.00	1732.00				
ACC DATE:	TYPE:	N	TIME:		PLACE:		EMPL REL:	
TOTALS			1732.00	1732.00				

PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT

ST ROSE DOMINICAN SIENA
HENDERSON, NV

This Is
Not A Bill